

CP

ATLANTA REGIONAL COMMISSION

External Travel Origin - Destination Survey

Please answer the questions below about the trip you were making **when you were handed this card**, and drop it into any U.S. mailbox as soon as possible. **NO POSTAGE is required.** Please fill out this card even if you have received others. Your assistance will help identify the transportation needs in the Atlanta Metropolitan area. Fully completed questionnaires received within two weeks will be entered in a drawing for a cash prize of \$100. Please fill in your return address on the reverse side if you wish to be entered in the drawing.

THANK YOU FOR YOUR COOPERATION.

1. Where did you start this trip? (*Be Specific*)

Street Address, Nearest Major Intersection or other Specific Description

2. Is the location in Question #1: (*Check One*)

- | | |
|--|--|
| <input type="checkbox"/> Your Workplace | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Other Workplace | <input type="checkbox"/> Social/Recreation |
| <input type="checkbox"/> Driver's Home | <input type="checkbox"/> School |
| <input type="checkbox"/> Other's Home | <input type="checkbox"/> Other: (<i>specify</i>) _____ |

3. What time did you leave the location in Question #1? _____ A.M. P.M.

4. What is the purpose of this trip? (*Check One*)

- | | |
|--|--|
| <input type="checkbox"/> Commute To/From Work | <input type="checkbox"/> School |
| <input type="checkbox"/> Business | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Personal Business |
| <input type="checkbox"/> Visit Friend/Relative | <input type="checkbox"/> Other: (<i>specify</i>) _____ |

5. Please specify the highway you used to enter the Metro area:
- _____

6. Where will this trip end **today**? (*Be Specific*)

Street Address, Nearest Major Intersection or other Specific Description

7. Is the location in Question #6: (*Check One*)

- | | |
|--|--|
| <input type="checkbox"/> Your Workplace | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Other Workplace | <input type="checkbox"/> Social/Recreation |
| <input type="checkbox"/> Driver's Home | <input type="checkbox"/> School |
| <input type="checkbox"/> Other's Home | <input type="checkbox"/> Other: (<i>specify</i>) _____ |

8. How many times **do you typically make this trip between these two places for this same purpose?**

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> 5 or more/week | <input type="checkbox"/> 1 to 3/month | <input type="checkbox"/> 1/year |
| <input type="checkbox"/> 3 to 4/week | <input type="checkbox"/> 6 to 12/year | <input type="checkbox"/> less than 1/year |
| <input type="checkbox"/> 1 to 2/week | <input type="checkbox"/> 2 to 5/year | |

9. How many people (including yourself) were in the vehicle? _____

10. Please identify the type of vehicle you were driving: (*Check One*)

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Passenger Car | <input type="checkbox"/> Van | <input type="checkbox"/> Single Unit Truck |
| <input type="checkbox"/> Minivan | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Tractor Trailer combination |
| <input type="checkbox"/> Pickup | <input type="checkbox"/> Bus | <input type="checkbox"/> Other: _____ |

11. Is vehicle owned (borrowed, leased) or rented? (*Check One*)

- | | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> Owned | <input type="checkbox"/> Rented |
|--------------------------------|---------------------------------|

Appendix I

Parking Inventory Off-Street Parking

1. Facility ID _____ Surveyor _____

2. Traffic Zone _____ Date _____

3. Facility Address _____

Intersection/Landmark _____

Entrance Location _____

Exit Location _____

Operator of Facility _____

Type of Business _____

4. Type of Facility	<u>Unattended</u>	<u>Attended</u>
1. Off-Street Lot	_____	_____
2. Off-Street Garage	_____	_____
3. Reserved Lot	_____	_____

5. Ownership

1. Public Owned	_____
2. Private Owned	_____

6. Short-Term Parking Rates

\$ per half hour	_____
\$ per hour	_____
\$ per hour and a half	_____
\$ per two hours	_____

7. Long-Term Parking Rates

\$ early bird special	_____
\$ daily	_____
\$ nightly	_____
\$ monthly	_____

8. Number of Spaces in Facility

Regular	_____
Handicapped	_____
Reserved	_____
Total	_____

9. Preferential Parking for Carpools and Vanpools

(If Yes)	Number of Spaces	_____
	Daily Cost	_____
	Monthly Cost	_____

ATLANTA REGIONAL COMMISSION

EMPLOYER PARKING SURVEY

1. **NAME OF COMPANY:** _____
ADDRESS: _____
PHONE NUMBER:() _____ **FAX:()** _____
CONTACT PERSON: _____

2. **NUMBER OF EMPLOYEES:**
MIDDLE MGMT _____ SENIOR EXECUTIVE _____
PROFESSIONAL _____ SUPPORT/CLERICAL _____
TECHNICAL, SALES _____ TOTAL _____

3. **TYPE OF BUSINESS:(CHECK ONLY ONE)**
GOVERNMENT: _____ INDUSTRIAL: _____
COMMERCIAL/SERVICES: _____ RETAIL: _____
WHOLESALE: _____ OTHER: _____

4. **DO YOU PROVIDE PARKING FOR YOUR EMPLOYEES? YES OR NO**
YES OR NO COST/MONTH
INCLUDED AS PART OF THE LEASE _____
CASH REIMBURSEMENT TO EMPLOYEE _____

5. **IF YES, WHAT TYPE OF PARKING IS PROVIDED FOR EMPLOYEES?**
YES OR NO COST/MONTH
ON-SITE _____
OFF-SITE _____

FREE PARKING # SPACES
MIDDLE MGMT _____
PROFESSIONAL _____
SENIOR EXECUTIVE _____
SUPPORT/CLERICAL _____
TECHNICAL, SALES _____

RESERVED PARKING # SPACES COST/MONTH
MIDDLE MGMT _____
PROFESSIONAL _____
SENIOR EXECUTIVE _____
SUPPORT/CLERICAL _____
TECHNICAL, SALES _____

SUBSIDIZED PARKING # SPACES COST/MONTH
MIDDLE MGMT _____
PROFESSIONAL _____
SENIOR EXECUTIVE _____
SUPPORT/CLERICAL _____
TECHNICAL, SALES _____

6. **DO YOU PROVIDE INCENTIVES FOR CARPOOL/VANPOOL: YES OR NO** COST/MONTH
PREFERRED PARKING LOCATION _____
PARKING SUBSIDY _____
OTHER: _____

7. **DO YOU PROVIDE INCENTIVES FOR TRANSIT:** YES OR NO COST/MONTH
FREE BUS/TRANSIT PASS _____
SUBSIDIZED BUS/TRANSIT PASS _____
SHUTTLE SERVICES _____

TRAVEL TIME DATA SHEET

A R C
Transportation Division

FACILITY NAME:	
JURISDICTION:	
COUNT ID:	

LOCATION
A:
B:
C:

A - B

B - C

CLASS TYPE		
AREA TYPE		
LENGTH IN MILES		
NUMBER OF LANES		
NUMBER OF SIGNALS		
SIGNALS PER MILE		
SPEED LIMIT		
MEDIAN TYPE		

A.M. PEAK	DATE AND DAY:			ROAD CONDITION:	
SECTION	RUN 1 TIME	RUN 2 TIME	RUN 3 TIME	CONGESTION	SPEED
A - B					
B - C					
C - B					
B - A					

OFF PEAK	DATE AND DAY:			ROAD CONDITION:	
SECTION	RUN 1 TIME	RUN 2 TIME	RUN 3 TIME	CONGESTION	SPEED
A - B					
B - C					
C - B					
B - A					

P.M. PEAK	DATE AND DAY:			ROAD CONDITION:	
SECTION	RUN 1 TIME	RUN 2 TIME	RUN 3 TIME	CONGESTION	SPEED
A - B					
B - C					
C - B					
B - A					

Section I. Household Data

Please answer the following questions about your household:

1. Is the label at the right correct? 1. YES 2. NO
2. Is your residence:
 1. a single family detached unit
 2. a single family attached unit
 3. an apartment
 4. a mobile home
 5. or other?
3. How many people live in this household? _____
4. How many people are 5 years old or older? _____
5. How many visitors from outside the area are staying with you on your travel day? _____
6. How many cars, pickups and vans are available for use by this household? _____
7. What was the combined income from all sources for all members of your household in 1989 (please circle the appropriate letter)?
 - A. Under \$10,000
 - B. \$10,000 - \$19,999
 - C. \$20,000 - \$29,999
 - D. \$30,000 - \$39,999
 - E. \$40,000 - \$49,999
 - F. \$50,000 - \$59,999
 - G. \$60,000 - \$69,999
 - H. \$70,000 - \$79,999
 - I. \$80,000 or more

Section II. Person Data

Please fill out the following table. Complete one line for each member of your household. Each line of the table begins with a person number. Please be sure that the person number on this form corresponds to the person number on each persons' travel diary.

Person Number	Relation to Head of Household (circle one)					Age	Sex	Licensed to Drive?	Employment Status (circle as many as apply)							Did you go to work on travel day?	Did you make any trips while at work?	Did you make any other trips?
	Head of Household	Spouse/ Partner	Child	Other Member of Household	Out-of-Area Visitor				Full Time	Part Time	Two or More Jobs	Home-maker	Retired	Student	Other			
01	1					1 M 2 F	1 YES 2 NO	1 2	3	4	5	6	7	1 YES 2 YES, Worked at Home 3 NO	1 YES 2 NO	1 YES 2 NO		
02		2	3	4	5	1 M 2 F	1 YES 2 NO	1 2	3	4	5	6	7	1 YES 2 YES, Worked at Home 3 NO	1 YES 2 NO	1 YES 2 NO		
03		2	3	4	5	1 M 2 F	1 YES 2 NO	1 2	3	4	5	6	7	1 YES 2 YES, Worked at Home 3 NO	1 YES 2 NO	1 YES 2 NO		
04		2	3	4	5	1 M 2 F	1 YES 2 NO	1 2	3	4	5	6	7	1 YES 2 YES, Worked at Home 3 NO	1 YES 2 NO	1 YES 2 NO		
05		2	3	4	5	1 M 2 F	1 YES 2 NO	1 2	3	4	5	6	7	1 YES 2 YES, Worked at Home 3 NO	1 YES 2 NO	1 YES 2 NO		
06		2	3	4	5	1 M 2 F	1 YES 2 NO	1 2	3	4	5	6	7	1 YES 2 YES, Worked at Home 3 NO	1 YES 2 NO	1 YES 2 NO		
07		2	3	4	5	1 M 2 F	1 YES 2 NO	1 2	3	4	5	6	7	1 YES 2 YES, Worked at Home 3 NO	1 YES 2 NO	1 YES 2 NO		
08		2	3	4	5	1 M 2 F	1 YES 2 NO	1 2	3	4	5	6	7	1 YES 2 YES, Worked at Home 3 NO	1 YES 2 NO	1 YES 2 NO		
09		2	3	4	5	1 M 2 F	1 YES 2 NO	1 2	3	4	5	6	7	1 YES 2 YES, Worked at Home 3 NO	1 YES 2 NO	1 YES 2 NO		

INDIVIDUAL TRAVEL DIARY

PERSON NUMBER: (Use Person Number from Household Data Form)

NAME: _____ AGE: _____ SEX: _____

TRAVEL DATE: _____

0

My first trip today began at:

☐ Home

☐ If not home, show location below:

Name of Place _____

Address or Intersecting Streets _____

City _____ State _____ Zip Code _____

KIND OF PLACE

PURPOSE

- Record trips in the order you make them.
- Include the specific information requested for each trip.
- Record your trip even if it is made with another household member.
- Do not record walking or bicycle trips except if you walked or rode your bicycle all the way to work.
- At the end of your travel day, leave all completed diaries in a convenient place at home so they will be available when the interviewer calls.
- Use the back of this card and an extra card, if necessary.
- If you have any questions about completing this travel diary, please call our toll-free number: 1-800-447-8287

1

First
I Went
To:

2

Then
I Went
To:

3

Then
I Went
To:

WHERE did this trip end?	KIND OF PLACE (Restaurant, doctor's office, grocery store)	PURPOSE of trip (Circle one)	TIME of trip (Circle AM or PM)	MODE of travel (Circle one)	IF DRIVER, Number in vehicle (include self)
Name of Place _____ Address or Intersecting Streets _____ City _____ State _____ Zip Code _____		1 Home 2 Work 3 Personal Business 4 Shopping 5 School 6 Social/ Recreation 7 Work Related 8 Pick up/drop off Passenger 9 Change Mode of Travel 0 Other	BEGIN ____:____ AM ____:____ PM END ____:____ AM ____:____ PM	1 Auto/Van/Pickup/Motorcycle Driver 2 Auto/Van/Pickup/Motorcycle Passenger 3 Vanpool/Carpool 4 Taxi 5 MARTA Train 6 Bus (Include Cobb County) 7 School Bus 8 Social Service/Special Bus 9 Walk or Bike to Work 0 Other _____	
Name of Place _____ Address or Intersecting Streets _____ City _____ State _____ Zip Code _____		1 Home 2 Work 3 Personal Business 4 Shopping 5 School 6 Social/ Recreation 7 Work Related 8 Pick up/drop off Passenger 9 Change Mode of Travel 0 Other	BEGIN ____:____ AM ____:____ PM END ____:____ AM ____:____ PM	1 Auto/Van/Pickup/Motorcycle Driver 2 Auto/Van/Pickup/Motorcycle Passenger 3 Vanpool/Carpool 4 Taxi 5 MARTA Train 6 Bus (Include Cobb County) 7 School Bus 8 Social Service/Special Bus 9 Walk or Bike to Work 0 Other _____	
Name of Place _____ Address or Intersecting Streets _____ City _____ State _____ Zip Code _____		1 Home 2 Work 3 Personal Business 4 Shopping 5 School 6 Social/ Recreation 7 Work Related 8 Pick up/drop off Passenger 9 Change Mode of Travel 0 Other	BEGIN ____:____ AM ____:____ PM END ____:____ AM ____:____ PM	1 Auto/Van/Pickup/Motorcycle Driver 2 Auto/Van/Pickup/Motorcycle Passenger 3 Vanpool/Carpool 4 Taxi 5 MARTA Train 6 Bus (Include Cobb County) 7 School Bus 8 Social Service/Special Bus 9 Walk or Bike to Work 0 Other _____	

OVER

MERIDIAN - LAUDERDALE COUNTY
TRAVEL SURVEY

267000

OFFICE
USE ONLY

Dear Motorist:

This survey is being undertaken to obtain important information about your travel patterns for planning local highways. Please complete and mail this stamped, pre-addressed questionnaire as soon as possible, no postage is required. Your cooperation will help the City, County, and State serve you better. (Please fill out this card even if you have received other cards for other trips.)

Thank you for your cooperation.

STA

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HR

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1. Where did you begin this trip prior to receiving this card (When did you last get into your car)?

Street Address, Nearest Major Intersection, or Other Specific Location (Not P.O. Box)

City County State Zip

2. Was this location a (Check one):

- ☐ 1. Work/Business ☐ 4. Shopping Facility
☐ 2. Home/Residence ☐ 5. Social/Recreational
☐ 3. School ☐ 6. Other (Specify)

3. If you began this trip outside the Meridian Area, what highway did you take to enter the area?

4. What time did you begin this trip?

AM PM

5. Where did this trip end after receiving this card? (Check one)

- ☐ 1. Work/Business ☐ 4. Shopping Facility
☐ 2. Home/Residence ☐ 5. Social/Recreational
☐ 3. School ☐ 6. Other (Specify)

6. How many people (including yourself) were in your vehicle?

7. Please identify the type vehicle you were driving (Check one)

- ☐ 1. Passenger Car, Pickup, Van, or Motorcycle
☐ 2. Single Unit Truck ☐ 4. Bus
☐ 3. Truck-Trailer Combination ☐ 5. Other (Specify)